

Community Mental Health Block Grant FFY 2016-2017

The Montana Department of Public Health and Human Services, Addictive and Mental Disorders Division plans to respond to the Substance Abuse and Mental Health Services Administration Federal Fiscal Year 2016-2017 (State Fiscal Year 2017-2018) Community Mental Health Services Block Grant Application.

Public Notice to allow interested parties, such as family members; individuals with lived experience; mental health, substance abuse, and housing agencies; and the general public, to review the proposed use of Mental Health Services Block Grant funds must be provided prior to submission of the Montana Application.

The information below provides programmatic information on the intended use of state fiscal years 2017-2018 funds. This information is based on federal funding and will be contingent on funding at the same level indicated from Montana's federal partner, the Substance Abuse and Mental Health Services Administration (SAMHSA). Montana has been notified the State will receive an estimated allocation of \$1,359,717.00 for State FY 2016. The FFY 2016-2017 Block Grant Application will be based on State FY 2016 funding agreements. Block Grant amendments will be submitted to SAMHSA if funding agreements are modified.

SAMHSA has conveyed that block grant funds be directed toward four purposes: Block grant funds should be directed toward four purposes: (1) to fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; (2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery; (3) for SABG funds, to fund primary prevention: universal, selective, and indicated prevention activities and services for persons not identified as needing treatment; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services and to plan the implementation of new services on a nationwide basis.

Consistent with previous applications, the FFY 2016-2017 application has sections that are required and other sections where additional information is requested. The FFY 2016-2017 application requires states to submit a face sheet, a table of contents, a behavioral health assessment and plan, reports of expenditures and persons served, an executive summary, and funding agreements and certifications. In addition, SAMHSA is requesting information on key areas that are critical to the states success in addressing health care integration.

In its FFY 2014 (SFY 2015) appropriation, SAMHSA was directed to require that states set aside 5 percent of their MHBG allocation to support evidence-based programs that provide treatment to those with early SMI including but not limited to psychosis at any age. SAMHSA worked collaboratively with the National Institutes of Health, National Institute on Mental Health (NIMH) to review evidence showing efficacy of specific practices in ameliorating SMI and promoting improved functioning. NIMH has released information on Components of Coordinated Specialty Care (CSC) for First Episode Psychosis. Results from the NIMH funded *Recovery After an Initial Schizophrenia Episode (RAISE)* initiative, a research project of the NIMH, suggest that mental health providers across multiple disciplines can learn the principles

of CSC for First Episode of Psychosis (FEP), and apply these skills to engage and treat persons in the early stages of psychotic illness.

States can implement models across a continuum, which have demonstrated efficacy, including the range of services and principles identified by NIMH. Utilizing these principles, regardless of the amount of investment, and with leveraging funds through inclusion of services reimbursed by Medicaid or private insurance, every state will be able to begin to move their system toward earlier intervention, or enhance the services already being implemented.

Montana Addictive & Mental Disorders Division (AMDD) plans to direct MH Block Grant dollars toward SAMHSA's purposes: (1) To fund priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage through support of the Mental Health Services Plan, a program designed for adults with severe disabling mental illness who are not eligible for Medicaid and have a family income that does not exceed 150% of the Federal Poverty Level, and, (2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery through the support of evidence-based programs and also those that provide treatment to those with early SMI including but not limited to psychosis at any age.

Priority Areas for MH Block Grant Dollars Allocation include:

1. Mental Health/Recovery Services for individuals with severe disabling mental illness who are uninsured or underinsured that meet MHSP criteria.
2. Community Support (Rehabilitative) Evidence Based Individual Placement and Supports (Supported) Employment Services.
3. Continuation of a Pilot Project to create a model for identification, referral, screening and treatment plan coordination for transition age youth and to those with early serious mental illness, including first episode psychotic disorders.

The following link will provide access to the complete Application RFA:

<http://www.samhsa.gov/grants/block-grants>

Montana's FY 2014-2015 Community Mental Health Block Grant Application and State Plan can be viewed at <http://dphhs.mt.gov/amdd/Mentalhealthservices/MHOAC/Blockgrant.aspx>.

Comments on the FFY 2016-2017 Block Grant Application and Plan must be made to Marlene Disburg-Ross, mdisburg-ross@mt.gov, no later than August 21, 2015 close of business day (5:00 p.m.). This notice will be sent to the Mental Health Oversight Advisory Council (MHOAC) and the MHOAC Interested Parties distribution lists, as part of the Council's responsibility to review and comment on components of Federal Block Grant Application and Montana's State Plan.